APPLICATION DATA SHEET

Inventor Information

Inventor One Given Name: JOSEF

Family Name: SCHARMÜLLER

Name Suffix:

Mailing Address Line One: Saxigen 14

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City of Residence: State or Prov. of Residence:

Country of Residence: Austria

Citizenship Country: Austria

Inventor Two Given Name:

Family Name:

Name Suffix:

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City:

State or Province

Postal or Zip Code:

City of Residence:

State or Prov. of Residence:

Country of Residence:

Citizenship Country:

Inventor Three Given Name:

Family Name:

Name Suffix:

City:

Mailing Address Line One:

Mailing Address Line Two:

State or Province:

Postal or Zip Code:

City of Residence:

State or Prov. of Residence:

Country of Residence:

Citizenship Country:

Given or Company Name of Applicant:

Family Name, if any:

Name Suffix:

Authority Code: Mailing Address Line One:

Mailing Address Line Two:

City:

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Correspondence Information

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 Henry M. Feiereisen

 Name Line Two:
 Henry M. Feiereisen, LLC

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 Telephone:
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 Fax:
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 info@feiereisenilc.com

Application Information

Title Line One: HIGH-LOAD DRAWBAR FYF

Title Line Two:

[Repeat for any additional lines]

Suggested classification: Suggested Tech. Center:

Total Drawing Sheets:

Suggested Dwg. Figure for Pub.:

Docket Number:

Application Type: [Utility] Utility

Application Type: [Utility] Utility
Licensed US Govt. Agency:

Contract or Grant Numbers One:

Contract or Grant Numbers Two:

Secrecy Order in Parent Appl.?

if plant patent app.,

Latin Name of genus and species of plant claimed:

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SCHARMÜLLER.3

Representative Information

Representative Number One:

020151

Representative Number Two:

[Repeat for extra registration numbers]

Domestic Priority Information

This application is a: US-National Phase of International Application

Application One: PCT/AT2004/000365

Filing Date: October 22, 2004

which is a:

Application Two:

Filing Date:

[repeat if neccesary]

Foreign Application Information

Foreign Application One: A 1793/2003

Filing Date: November 7, 2003
Country: Austria

Priority Claimed: Yes

Assignee Information

Assignee Name:

Address Line One: Address Line Two:

City:

State or Province:

Country:

Postal or Zip Code: